

DATA SPECIFICATIONS

HS/270 - Eligibility Inquiry

4010A1 Implementation Format

HIPAA - EDI Health Care - Eligibility, Coverage or Benefit Inquiry

Version: Final

Author:	EDS for Medi-Cal
Publication:	June 15, 2004
Trading Partner:	Provdr, Submttr, Clearinghse
Created:	05/03/2005
Modified:	05/25/2005
Current:	06/02/2005
Notes:	For Leased-Line, Dial-Up and Batch Submissions

270

Eligibility, Coverage or Benefit Inquiry

Functional Group=HS

Guide Updates:

20050523 update: added BATCH submission transaction information to this guideline document.

20041021 update: added Dial-Up to the cover page, made the BHT03 Required, included NM103-05 in Subscriber Loop.

20040623 update: added 2 more routing code options to ISA08, removed 'EDS' & routing code from GS03 & from NM109 in loop 2100A.

20040902 update: changed CIN to Primary ID in NM109 of Subscriber loop, added 'NQ' to REF01 of Subscriber loop, modified the Medi-Cal Note for ISA02, and added some Segment Medi-Cal Notes re. Segment occurrences.

MEDI-CAL NOTE:

All loops and segments will appear in the exact sequence as they appear on page 3; however, the BATCH transactions require the REF segment at the Receiver level and Leased-Line & Dial-Up are restricted to one Subscriber loop per transaction.

Important note re. data element separators .. Between the first data element and the second data element (between 'ISA' & ISA01), a data element separator is needed. This is a character which should never be used in any of the data fields. For Medi-Cal, we use '*' (asterisk). This first data element separator defines the data element separators used through the entire interchange inquiry. A data element separator will always appear after each data element used, or in place of each data element not used. Exception: No separators are used in place of trailing data elements. Trailing data elements are those which are NOT used and which come between the last data element used and the end of a segment. Also, the last data element used is followed only by a segment terminator (no data element separator).

Important note re. segment terminators .. After the first segment (the ISA Segment), a segment terminator is needed. This is a character which should never be used in any of the data fields, and it is different from the data element separator and the component separator (see ISA16). For Medi-Cal, we use Hex '0D' for Leased-Line & Dial-Up and the caret (^) for BATCH. This first segment terminator defines the segment terminators used through the entire interchange inquiry. Segment terminators appear at the end of each segment used. No segment terminator is needed between, or in place of, segments which are NOT used.

Heading:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
010	ISA	Interchange Control Header	M	1			Required
020	GS	Functional Group Header	M	1			Required
030	ST	Transaction Set Header	M	1			Required
040	BHT	Beginning of Hierarchical Transaction	M	1			Required

Detail:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
LOOP ID - 2000A					1		
060	HL	Information Source Level	M	1			Required
LOOP ID - 2100A					1		
080	NM1	Information Source Name	M	1			Required
LOOP ID - 2000B					1		
100	HL	Information Receiver Level	M	1			Required
LOOP ID - 2100B					1		
120	NM1	Information Receiver Name	M	1			Required
130	REF	Information Receiver Additional Identification	O	9			Situational
LOOP ID - 2000C					99		
140	HL	Subscriber Level	M	1			Required
150	TRN	Subscriber Trace Number	O	2			Situational
LOOP ID - 2100C					1		
170	NM1	Subscriber Name	M	1			Required
180	REF	Subscriber Additional Identification	O	9			Situational
190	DMG	Subscriber Demographic Information	O	1			Situational
200	DTP	Subscriber Date	O	2			Situational
LOOP ID - 2110C					1		
220	EQ	Subscriber Eligibility or Benefit Inquiry Information	O	1			Situational

Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
230	SE	Transaction Set Trailer	M	1			Required
240	GE	Functional Group Trailer	M	1			Required
250	IEA	Interchange Control Trailer	M	1			Required

ISA Interchange Control Header

Pos: 010	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 16

User Option (Usage): Required

Comments:

1. The first data element separator ('*' for Medi-Cal) defines the data element separators to be used through the entire interchange inquiry.
2. The segment terminator (for Medi-Cal: Hex '0D' for Leased-Line & Dial-Up, '^' for BATCH) used after the ISA segment defines the segment terminator to be used throughout the entire interchange inquiry.

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

Leased-Line & Dial-Up:

ISA*03*.....*01*.....*ZZ*.....*ZZ*610442EDS214...*YYMMDD*HHMM*U*00401*.....*0*P*~(Hex'0D')

BATCH:

ISA*03*.....*00*.....*ZZ*.....*ZZ*610442.....*YYMMDD*HHMM*U*00401*.....*1*P*~^

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
ISA01	I01	Authorization Information Qualifier Description: Code to identify the type of information in the Authorization Information. Code Name 03 Additional Data Identification	M	ID	2/2	Required	1
ISA02	I02	Authorization Information Description: Information used for additional identification or authorization of the interchange Sender or the data in the interchange; the type of information is set by the Authorization Information Qualifier (ISA01). MEDI-CAL NOTE: Submitters must enter (left justified) their 3-character Submitter (software vendor) ID, followed by their 4-character Software Version Number, and with trailing spaces. New Providers call TSC: (800)541-5555, or if out of state: (916)636-1200.	M	AN	10/10	Required	1
ISA03	I03	Security Information Qualifier Description: Code to identify the type of information in the Security Information. MEDI-CAL NOTE: For Leased-Line & Dial-Up use '01', for BATCH use '00'. Code Name 00 No Security Information Present (No Meaningful Information in I04) ADVISED UNLESS SECURITY REQUIREMENTS MANDATE USE OF PASSWORD DATA. 01 Password	M	ID	2/2	Required	1
ISA04	I04	Security Information	O	AN	10/10	Situational	1

Description: This is used for identifying the security information about the interchange Sender; the type of information is set by the Security Information Qualifier (ISA03).

MEDI-CAL NOTE: For Leased-Line & Dial-Up: Required Submitter PIN/Password, left justified and with trailing spaces. For BATCH: leave blank, PIN is validated against the Medi-Cal Web site login password.

ISA05	I05	Interchange ID Qualifier Description: Qualifier to designate the system/method of code structure used to designate the Sender ID element being qualified. This ID qualifies the Sender in ISA06. MEDI-CAL NOTE: For Leased-Line & Dial-Up, use the Provider Number; same used in Receiver Level NM109. For BATCH, use the Submitter ID; same used to login to the Medi-Cal Web site.	M	ID	2/2	Required	1
		<u>Code</u> <u>Name</u> ZZ Mutually Defined					
ISA06	I06	Interchange Sender ID Description: Identification code published by the Sender for other parties to use as the Receiver ID to route data to them; the Sender always codes this value in the Sender ID element. MEDI-CAL NOTE: For Leased-Line & Dial-Up: Provider Number plus Other Intermediary Code (OI), left justify and with trailing spaces. OI Codes: Spaces for Medi-Cal Providers, 00 for Delti-Cal, first 2 digits of OI PIN for OI Providers. For BATCH: Submitter ID, same used to login to the Medi-Cal Web site.	M	AN	15/15	Required	1
ISA07	I05	Interchange ID Qualifier Description: Qualifier to designate the system/method of code structure used to designate the Receiver ID element being qualified. This ID qualifies the Receiver in ISA08. <u>Code</u> <u>Name</u> ZZ Mutually Defined	M	ID	2/2	Required	1
ISA08	I07	Interchange Receiver ID Description: Identification code published by the Receiver of the data; When sending, it is used by the Sender as their Receiving ID, thus other parties sending to them will use this as a Receiving ID to route data to them. MEDI-CAL NOTE: For Leased-Line & Dial-Up: '610442EDS214', left justify and with trailing spaces. This is the ETIN + 'EDS' + Routing Code. The Routing Code can be: 214 = Production, 213 = Vendor Software Validation, or 211 = System Test. For BATCH: '610442'	M	AN	15/15	Required	1
ISA09	I08	Interchange Date Description: Date of the interchange inquiry.	M	DT	6/6	Required	1

		MEDI-CAL NOTE: Date in YYMMDD format.					
ISA10	I09	Interchange Time Description: Time of the interchange inquiry.	M	TM	4/4	Required	1
		MEDI-CAL NOTE: Time in HHMM format.					
ISA11	I10	Interchange Control Standards Identifier Description: Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange header and trailer.	M	ID	1/1	Required	1
		Code Name					
		U U.S. EDI Community of ASC X12, TDCC, and UCS					
ISA12	I11	Interchange Control Version Number Description: Code specifying the version number of the interchange control segments.	M	ID	5/5	Required	1
		Code Name					
		00401 Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997					
ISA13	I12	Interchange Control Number Description: A control number assigned by the interchange sender.	M	N9	9/9	Required	1
		MEDI-CAL NOTE: A number, right justified and with leading zeros. This number must be identical to IEA02.					
ISA14	I13	Acknowledgment Requested Description: Code sent by the sender to request an interchange acknowledgment (TA1).	M	ID	1/1	Required	1
		MEDI-CAL NOTE: For Leased-Line & Dial-Up use '0', for BATCH use '1'.					
		Code Name					
		0 No Acknowledgment Requested					
		1 Interchange Acknowledgment Requested					
ISA15	I14	Usage Indicator Description: Code to indicate whether data enclosed by this interchange envelope is test, production or information.	M	ID	1/1	Required	1
		MEDI-CAL NOTE: For test transactions submitted in the BATCH mode, enter 'T', else 'P' in all instances.					
		Code Name					
		P Production Data					
		T Test Data					
ISA16	I15	Component Element Separator Description: The component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator.	M	AN	1/1	Required	1
		MEDI-CAL NOTE: '~' (used in this Guide). Note: You may use a Component Separator of your choice; however it cannot be the same as the Data Element Separator or the Segment Terminator.					

GS

Functional Group Header

Pos: 020	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 8

User Option (Usage): Required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:

GS*HS*.....*601442*CCYYMMDD*HHMMSSDD*.....*X*004010X092A1(Hex'0D')

For BATCH:

GS*HS*.....*601442*CCYYMMDD*HHMMSSDD*.....*X*004010X092A1^

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
GS01	479	Functional Identifier Code Description: Code identifying a group of application related transaction sets.	M	ID	2/2	Required	1
		Code Name					
		HS Eligibility, Coverage or Benefit Inquiry (270)					
GS02	142	Application Sender's Code Description: Code identifying party sending transmission; codes agreed to by trading partners. Use this code to identify the unit sending the information. MEDI-CAL NOTE: For Leased-Line & Dial-Up: Provider Number plus Other Intermediary Code (OI). OI Codes: Spaces for Medi-Cal Providers, 00 for Delti-Cal, First 2 digits of OI PIN for OI Providers. For BATCH: Submitter ID, same used to login to the Medi-Cal website.	M	AN	2/15	Required	1
GS03	124	Application Receiver's Code Description: Code identifying party receiving transmission; codes agreed to by trading partners. Use this code to identify the unit receiving the information. MEDI-CAL NOTE: '610442'.	M	AN	2/15	Required	1
GS04	373	Date Description: Use this date for the functional group creation date. MEDI-CAL NOTE: Date in CCYYMMDD format.	M	DT	8/8	Required	1
GS05	337	Time Description: Time expressed in 24-hour clock time as follows: HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99). Use this time for the creation time.	M	TM	8/8	Required	1

		MEDI-CAL NOTE: Time in HHMMSSDD format.						
GS06	28	Group Control Number Description: Assigned number originated and maintained by the sender. MEDI-CAL NOTE: A number, right justified and with leading zeros. This number must be identical to GE02.	M	N9	9/9	Required	1	
GS07	455	Responsible Agency Code Description: Code identifying the issuer of the standard; this code is used in conjunction with Data Element 480. MEDI-CAL NOTE: 'X'.	M	ID	1/2	Required	1	
		<u>Code</u>	<u>Name</u>					
		X	Accredited Standards Committee X12					
GS08	480	Version / Release / Industry Identifier Code Description: Code indicating the version, release, subrelease, and industry identifier of the EDI standard being used, including the GS and GE segments; if code in DE455 in GS segment is X, then in DE 480 positions 1-3 are the version number; positions 4-6 are the release and subrelease, level of the version; and positions 7-12 are the industry or trade association identifiers (optionally assigned by user).	M	ID	1/12	Required	1	
		<u>Code</u>	<u>Name</u>					
		004010X092A1	Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.					

ST

Transaction Set Header

Pos: 030	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:

ST*270*.....(Hex'0D')

For BATCH:

ST*270*.....^

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>				
ST01	143	Transaction Set Identifier Code Description: Code uniquely identifying a Transaction Set. Use this code to identify the transaction set ID for the transaction set that will follow the ST segment. Each X12 standard has a transaction set identifier code that is unique to that transaction set. <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>270</td><td>Eligibility, Coverage or Benefit Inquiry</td></tr></table>	<u>Code</u>	<u>Name</u>	270	Eligibility, Coverage or Benefit Inquiry	M	ID	3/3	Required	1
<u>Code</u>	<u>Name</u>										
270	Eligibility, Coverage or Benefit Inquiry										
ST02	329	Transaction Set Control Number Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set. MEDI-CAL NOTE: A number, right justified and with leading zeros. This number must be identical to SE02.	M	N9	9/9	Required	1				

BHT

Beginning of Hierarchical Transaction

Pos: 040	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 5

User Option (Usage): Required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:

BHT*0022*13*66666*CCYYMMDD*HHMMSSDD(Hex'0D')

For BATCH:

BHT*0022*13*66666*CCYYMMDD*HHMMSSDD^

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
BHT01	1005	Hierarchical Structure Code Description: Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set. Use this code to specify the sequence of hierarchical levels that may appear in the transaction set. This code only indicates the sequence of the levels, not the requirement that all levels be present. For example, if code "0022" is used, the dependent level may or may not be present for each subscriber.	M	ID	4/4	Required	1
		Code Name 0022 Information Source, Information Receiver, Subscriber, Dependent					
BHT02	353	Transaction Set Purpose Code Description: Code identifying purpose of transaction set.	M	ID	2/2	Required	1
		Code Name 13 Request					
BHT03	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. This element is to be used to trace the transaction from one point to the next point, such as when the transaction is passed from one clearinghouse to another clearinghouse. This identifier is to be returned in the corresponding 271 transaction's BHT03. This identifier will only be returned by the last entity to handle the 270. This identifier will not be passed through the complete life of the transaction. All recipients of 270 transactions are required to return the Submitter Transaction	O	AN	1/30	Situational	1

Identifier in their 271 response if one is submitted.

Industry: Submitter Transaction Identifier.
MEDI-CAL NOTE: This information is required, by the information Receiver, when using Real Time transactions. For BATCH, this is optional.

BHT04	373	Date Description: Use this date for the date the transaction set was generated. Industry: Transaction Set Creation Date. MEDI-CAL NOTE: Date in CCYYMMDD format.	M	DT	8/8	Required	1
BHT05	337	Time Description: Time expressed in 24-hour clock time as follows: HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99). Use this time for the time the transaction set was generated. Industry: Transaction Set Creation Time. MEDI-CAL NOTE: Time in HHMMSSDD format.	M	TM	8/8	Required	1

Loop 2000A

Pos: 050	Repeat: 1
Mandatory	
Loop: 2000A	Elements: N/A

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
060	HL	Information Source Level	M	1		Required
070		Loop 2100A	M		1	Required

HL

Information Source Level

Pos: 060	Max: 1
Detail - Mandatory	
Loop: 2000A	Elements: 3

User Option (Usage): Required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:

HL*1**20*1(Hex'0D')

For BATCH:

HL*1**20*1^

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>				
HL01	628	Hierarchical ID Number Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure. Use this sequentially assigned positive number to identify each specific occurrence of an HL segment within a transaction set. It should begin with the number one and be incremented by one for each successive occurrence of the HL segment within that specific transaction set (ST through SE).	M	AN	1/12	Required	1				
MEDI-CAL NOTE: '1'.											
HL03	735	Hierarchical Level Code Description: Code defining the characteristic of a level in a hierarchical structure. All data that follows an HL segment is associated with the entity identified by the level code; this association continues until the next occurrence of an HL segment.	M	ID	1/2	Required	1				
		<table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>20</td><td>Information Source</td></tr></table> Description: Identifies the payor, maintainer, or source of the information.	<u>Code</u>	<u>Name</u>	20	Information Source					
<u>Code</u>	<u>Name</u>										
20	Information Source										
HL04	736	Hierarchical Child Code Description: Code indicating if there are hierarchical child data segments subordinate to the level being described. Use this code to indicate whether there are additional hierarchical levels subordinate to the current hierarchical level. Because of the hierarchical structure, and because an additional HL always exists in this transaction, the code value in the HL04 at the Loop 2000A level should always be "1".	M	ID	1/1	Required	1				
		<table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>1</td><td>Additional Subordinate HL Data Segment in This Hierarchical Structure.</td></tr></table>	<u>Code</u>	<u>Name</u>	1	Additional Subordinate HL Data Segment in This Hierarchical Structure.					
<u>Code</u>	<u>Name</u>										
1	Additional Subordinate HL Data Segment in This Hierarchical Structure.										

Loop 2100A

Pos: 070	Repeat: 1
Mandatory	
Loop: 2100A	Elements: N/A

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
080	NM1	Information Source Name	M	1		Required

NM1

Information Source Name

Pos: 080	Max: 1
Detail - Mandatory	
Loop: 2100A	Elements: 5

User Option (Usage): Required

Syntax:

1. P0809 - If either NM108,NM109 is present, then all are required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:

NM1*PR*2*Medi-Cal*****46*610442(Hex'0D')

For BATCH:

NM1*PR*2*Medi-Cal*****46*610442^

MEDI-CAL NOTE:

No data element separator (**) is needed for 'trailing' data elements.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep				
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual. <table><tr><th>Code</th><th>Name</th></tr><tr><td>PR</td><td>Payer</td></tr></table>	Code	Name	PR	Payer	M	ID	2/3	Required	1
Code	Name										
PR	Payer										
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity. Use this code to indicate whether the entity is an individual person or an organization. <table><tr><th>Code</th><th>Name</th></tr><tr><td>2</td><td>Non-Person Entity</td></tr></table>	Code	Name	2	Non-Person Entity	M	ID	1/1	Required	1
Code	Name										
2	Non-Person Entity										
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name. Use this name for the organization's name if the entity type qualifier is a non-person entity. Otherwise, use this name for the individual's last name. Use if name information is needed to identify the source of eligibility or benefit information. Industry: Information Source Last or Organization Name. MEDI-CAL NOTE: 'MEDI-CAL'.	M	AN	1/8	Required	1				
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67). <table><tr><th>Code</th><th>Name</th></tr><tr><td>46</td><td>Electronic Transmitter Identification Number (ETIN)</td></tr></table> Description: A unique number assigned to each transmitter and software developer.	Code	Name	46	Electronic Transmitter Identification Number (ETIN)	M	ID	1/2	Required	1
Code	Name										
46	Electronic Transmitter Identification Number (ETIN)										

NM109	67	Identification Code Description: Code identifying a party or other code. Use this reference number as qualified by the preceding data element (NM108). Industry: Information Source Primary Identifier. MEDI-CAL NOTE: '610442'.	M	AN	2/15	Required	1
-------	----	---	---	----	------	----------	---

Loop 2000B

Pos: 090	Repeat: 1
Mandatory	
Loop: 2000B	Elements: N/A

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
100	HL	Information Receiver Level	M	1		Required
110		Loop 2100B	M		1	Required

HL

Information Receiver Level

Pos: 100	Max: 1
Detail - Mandatory	
Loop: 2000B	Elements: 4

User Option (Usage): Required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:

HL*2*1*21*1(Hex'0D')

For BATCH:

HL*2*1*21*1^

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
HL01	628	Hierarchical ID Number Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure. Use this sequentially assigned positive number to identify each specific occurrence of an HL segment within a transaction set. It should begin with the number one and be incremented by one for each successive occurrence of the HL segment within that specific transaction set (ST through SE).	M	AN	1/12	Required	1
		MEDI-CAL NOTE: '2'.					
HL02	734	Hierarchical Parent ID Number Description: Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to. Use this code to identify the specific hierarchical level to which this level is subordinate.	M	AN	1/12	Required	1
		MEDI-CAL NOTE: '1'.					
HL03	735	Hierarchical Level Code Description: Code defining the characteristic of a level in a hierarchical structure. All data that follows an HL segment is associated with the entity identified by the level code; this association continues until the next occurrence of an HL segment.	M	ID	1/2	Required	1
		Code Name					
		21 Information Receiver					
		Description: Identifies the provider or party(ies) who are the recipient(s) of the information.					
HL04	736	Hierarchical Child Code Description: Code indicating if there are hierarchical child data segments subordinate to the level being described. Use this code to indicate whether there are additional hierarchical levels subordinate to the current	M	ID	1/1	Required	1

hierarchical level.
Because of the hierarchical structure, and
because an additional HL always exists in
this transaction, the code value in HL04 at
the Loop 2000B level will always be "1".

<u>Code</u>	<u>Name</u>
1	Additional Subordinate HL Data Segment in This Hierarchical Structure.

Loop 2100B

Pos: 110	Repeat: 1
Mandatory	
Loop: 2100B	Elements: N/A

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
120	NM1	Information Receiver Name	M	1		Required
130	REF	Information Receiver Additional Identification	O	9		Situational

NM1

Information Receiver Name

Pos: 120	Max: 1
Detail - Mandatory	
Loop: 2100B	Elements: 4

User Option (Usage): Required

Syntax:

1. P0809 - If either NM108,NM109 is present, then all are required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:

NM1*1P*1*****SV*.....(Hex'0D')

NM1*1P*2*****SV*.....(Hex'0D')

For BATCH:

NM1*1P*1*****SV*.....^

NM1*1P*2*****SV*.....^

MEDI-CAL NOTE:

No data element separator (**) is needed for 'trailing' data elements.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>						
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual. <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>1P</td><td>Provider</td></tr></table>	<u>Code</u>	<u>Name</u>	1P	Provider	M	ID	2/3	Required	1		
<u>Code</u>	<u>Name</u>												
1P	Provider												
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity. Use this code to indicate whether the entity is an individual person or an organization. MEDI-CAL NOTE: Use '1' for Person when the Provider is doing business as a sole proprietor, otherwise '2' for Non-Person Entity. <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>1</td><td>Person</td></tr><tr><td>2</td><td>Non-Person Entity</td></tr></table>	<u>Code</u>	<u>Name</u>	1	Person	2	Non-Person Entity	M	ID	1/1	Required	1
<u>Code</u>	<u>Name</u>												
1	Person												
2	Non-Person Entity												
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67). Use this element to qualify the identification number submitted in NM109. This is the number that the information source associates with the information receiver. <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>SV</td><td>Service Provider Number</td></tr></table> Description: Use this code for the identification number assigned by the information source	<u>Code</u>	<u>Name</u>	SV	Service Provider Number	M	ID	1/2	Required	1		
<u>Code</u>	<u>Name</u>												
SV	Service Provider Number												

to be used by the information receiver in health care transactions.

NM109	67	Identification Code	M	AN	2/15	Required	1
Description: Code identifying a party or other code. Use this reference number as qualified by the preceding data element (NM108).							
Industry: Information Receiver Identification Number.							
MEDI-CAL NOTE: Provider Number plus Other Intermediary Code (OI). OI Codes: Spaces for Medi-Cal Providers, 00 for Delti-Cal, First 2 digits of OI PIN for OI Providers.							
<u>ExternalCodeList</u>							
Name: 537							
Description: Health Care Financing Administration National Provider Identifier							

REF

Information Receiver Additional Identification

Pos: 130	Max: 9
Detail - Optional	
Loop: 2100B	Elements: 2

User Option (Usage): Situational

To specify identifying information

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:
NOT USED

For BATCH:
REF*4A*.....^

MEDI-CAL NOTE:

For BATCH, this segment is Required, and can occur 9 times, although only one occurrence is needed (for the Provider PIN).

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification. Use this code to specify or qualify the type of reference number that is following in REF02. MEDI-CAL NOTE: For BATCH, enter '4A' and in REF02, enter the Provider PIN/Password.	M	ID	2/3	Required	1
		<u>Code</u>		<u>Name</u>			
		0B		State License Number		The state assigning the license number must be identified in REF03.	
		1C		Medicare Provider Number		This code is only to be used when the information source is not Medicare. If the information source is Medicare, the Medicare provider number is to be supplied in NM109 using Identification Code Qualifier of "SV" in NM108.	
		1D		Medicaid Provider Number		This code is only to be used when the information source is not Medicaid. If the information source is Medicaid, the Medicaid provider number is to be supplied in NM109 using Identification Code Qualifier of "SV" in NM108.	
		1J		Facility ID Number			
		4A		Personal Identification Number (PIN)		Description: A number that uniquely identifies an individual	
		CT		Contract Number		This code is only to be used once the HCFA National Provider Identifier has been mandated for use, and must be sent if required in the contract between the provider identified in Loop 2000B and the Information Source identified in Loop 2000A.	
		EL		Electronic device pin number			
		EO		Submitter Identification Number		Description: A unique number identifying the submitter of the transaction set	

JD	User Identification
N5	Provider Plan Network Identification Number Description: A number assigned to identify a specific provider in a health care plan network
N7	Facility Network Identification Number Description: A number assigned to identify a specific facility in a health care plan network
Q4	Prior Identifier Number
SY	Social Security Number The social security number may not be used for any Federally administered programs such as Medicare.
TJ	Federal Taxpayer's Identification Number
HPI	Health Care Financing Administration National Provider Identifier The Health Care Financing Administration National Provider Identifier may be used in this segment prior to being mandated for use. CODE SOURCE: 537: Health Care Financing Administration National Provider Identifier

REF02	127	Reference Identification	C	AN	1/30	Required	1
Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. Use this reference number as qualified by the preceding data element (REF01).							
MEDI-CAL NOTE: For BATCH, enter the Provider PIN. For Other Intermediary (OI) Providers, besides Denti-Cal, enter the Provider OI code before the PIN to make an eight-digit PIN. This OI code before the PIN will become the OI code appended to the Provider ID entered in the Receiver Level NM109.							

Loop 2000C

Pos: 130	Repeat: 99
Mandatory	
Loop: 2000C	Elements: N/A

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
140	HL	Subscriber Level	M	1		Required
150	TRN	Subscriber Trace Number	O	2		Situational
160		Loop 2100C	M		1	Required

HL

Subscriber Level

Pos: 140	Max: 1
Detail - Mandatory	
Loop: 2000C	Elements: 4

User Option (Usage): Required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:

HL*3*2*22*0(Hex'0D')

For BATCH:

HL*3*2*22*0^

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>				
HL01	628	Hierarchical ID Number Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure. Use this sequentially assigned positive number to identify each specific occurrence of an HL segment within a transaction set. It should begin with the number one and be incremented by one for each successive occurrence of the HL segment within that specific transaction set (ST through SE).	M	AN	1/12	Required	1				
		MEDI-CAL NOTE: For Leased-Line & Dial-Up: '3'. For BATCH: start at '3" and increment this for each Subscriber entered up to 99 Subscribers.									
HL02	734	Hierarchical Parent ID Number Description: Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to. Use this code to identify the specific hierarchical level to which this level is subordinate.	M	AN	1/12	Required	1				
		MEDI-CAL NOTE: '2'.									
HL03	735	Hierarchical Level Code Description: Code defining the characteristic of a level in a hierarchical structure. All data that follows an HL segment is associated with the entity identified by the level code; this association continues until the next occurrence of an HL segment.	M	ID	1/2	Required	1				
		<table><tr><td>Code</td><td>Name</td></tr><tr><td>22</td><td>Subscriber</td></tr></table> Description: Identifies the employee or group member who is covered for insurance and to whom, or on behalf of whom, the insurer agrees to pay benefits.	Code	Name	22	Subscriber					
Code	Name										
22	Subscriber										
HL04	736	Hierarchical Child Code Description: Code indicating if there are	M	ID	1/1	Required	1				

hierarchical child data segments subordinate to the level being described. Use this code to indicate whether there are additional hierarchical levels subordinate to the current hierarchical level.

<u>Code</u>	<u>Name</u>
0	No Subordinate HL Segment in This Hierarchical Structure.

TRN Subscriber Trace Number

Pos: 150	Max: 2
Detail - Optional	
Loop: 2000C	Elements: 4

User Option (Usage): Situational

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:

TRN*1**1.....*(Hex'0D')
TRN*1**3.....*(Hex'0D')
TRN*1**9.....*(Hex'0D')

For BATCH:

TRN*1**1.....*^

MEDI-CAL NOTE:

This Segment can occur 2 times.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>				
TRN01	481	Trace Type Code Description: Code identifying which transaction is being referenced. <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>1</td><td>Current Transaction Trace Numbers</td></tr></table>	<u>Code</u>	<u>Name</u>	1	Current Transaction Trace Numbers	M	ID	1/2	Required	1
<u>Code</u>	<u>Name</u>										
1	Current Transaction Trace Numbers										
TRN02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. Use this number for the trace or reference number assigned by the information receiver. Industry: Trace Number. MEDI-CAL NOTE: Provider Trace Number or the Clearinghouse Trace Number.	M	AN	1/30	Required	1				
TRN03	509	Originating Company Identifier Description: A unique identifier designating the company initiating the funds transfer instructions. The first character is one-digit ANSI identification code designation (ICD) followed by the nine-digit identification number which may be an IRS employer identification number (EIN), data universal numbering system (DUNS), or a user assigned number; the ICD for an EIN is 1, DUNS is 3, user assigned number is 9. Use this number for the identification number of the company that assigned the trace or reference number specified in the previous data element (TRN02). The first position must be either a "1" if an EIN is used, a "3" if	O	AN	10/10	Situational	1				

a DUNS is used or a "9" if a user assigned identifier is used.

Industry: Trace Assigning Entity Identifier.

MEDI-CAL NOTE: '1' or '3' or '9', followed by a nine-digit number.

TRN04 127

Reference Identification

O

AN

1/30

Situational

1

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. Use this information if necessary to further identify a specific component of the company identified in the previous data element (TRN03).

Industry: Trace Assigning Entity Additional Identifier.

Loop 2100C

Pos: 160	Repeat: 1
Mandatory	
Loop: 2100C	Elements: N/A

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
170	NM1	Subscriber Name	M	1		Required
180	REF	Subscriber Additional Identification	O	9		Situational
190	DMG	Subscriber Demographic Information	O	1		Situational
200	DTP	Subscriber Date	O	2		Situational
210		Loop 2110C	O		1	Situational

NM1

Subscriber Name

Pos: 170	Max: 1
Detail - Mandatory	
Loop: 2100C	Elements: 7

User Option (Usage): Required

Syntax:

1. P0809 - If either NM108,NM109 is present, then all are required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:

NM1*IL*1*****MI*.....(Hex'0D')

For BATCH:

NM1*IL*1*****MI*.....^

MEDI-CAL NOTE:

No data element separator (**) is needed for 'trailing' data elements.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual.	M	ID	2/3	Required	1
		Code Name					
		IL Insured or Subscriber					
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity. Use this code to indicate whether the entity is an individual person or an organization.	M	ID	1/1	Required	1
		Code Name					
		1 Person					
NM103	1035	Name Last or Organization Name MEDI-CAL NOTE: If you do not use this data element replace it with a Data Element Separator, and when an NM108 or NM109 follows.	O	AN	1/35	Situational	1
NM104	1036	Name First MEDI-CAL NOTE: If you do not use ... enter an '*' in place of this Data Element.	O	AN	1/25	Situational	1
NM105	1037	Name or Initial Middle MEDI-CAL NOTE: If you do not use ... enter an '*' in place of this Data Element.	O	AN	1/25	Situational	1
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67). Use this element to qualify the identification number submitted in NM109. This is the primary number that the information source associates with the	M	ID	1/2	Required	1

subscriber. Use this element if utilizing the HIPAA search option. See Section 1.3.8 for more information.

Code

Name

MI

Member Identification Number

Description: This code may only be used prior to the mandated use of code "ZZ". This is the unique number the payer or information source uses to identify the insured (e.g., Health Insurance Claim Number, Medicaid Subscriber ID Number, HMO Member ID, etc.).

NM109 67

Identification Code

M

AN

2/15

Required

1

Description: Code identifying a party or other code. Use this reference number as qualified by the preceding data element (NM108). Use this element if utilizing the HIPAA search option. See Section 1.3.8 for more information.

Industry: Subscriber Primary Identifier.

MEDI-CAL NOTE: Subscriber (Recipient)

Primary ID Number. Do not duplicate this in REF02.

REF Subscriber Additional Identification

Pos: 180 Max: 9
Detail - Optional
Loop: 2100C Elements: 2

User Option (Usage): Situational

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:

REF*A6*.....(Hex'0D')

For BATCH:

REF*A6*.....^

MEDI-CAL NOTE:

This Segment can occur 9 times.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification. Use this code to specify or qualify the type of reference number that is following in REF02, REF03, or both. MEDI-CAL NOTE: Do not use the same identifier entered in NM109 of loop 2100C.	M	ID	2/3	Required	1
		Code		Name			
		18		Plan Number			
				Description: The unique identification number assigned for a defined contribution plan			
		1L		Group or Policy Number			
				Use this code only if it cannot be determined if the number is a Group Number or a Policy number. Use codes "IG" or "6P" when they can be determined.			
		1W		Member Identification Number			
				Use only after the Unique Patient Identifier is available and has been provided in the NM109, but use of the UPI has not been mandated.			
		6P		Group Number			
		A6		Employee Identification Number			
		EA		Medical Record Identification Number			
				Description: A unique number assigned to each patient by the provider of service (hospital) to assist in retrieval of medical records.			
		EJ		Patient Account Number			
				Description: A unique number assigned to each patient by the provider of service to facilitate retrieval of individual case records tracking of claims submitted to a payer and posting of payment.			
		IG		Insurance Policy Number			
		N6		Plan Network Identification Number			
				Description: A number assigned to identify a specific health care network that provides health care services to insured members			
		NQ		Medicaid Subscriber Identification Number			
				Description: Unique identification number assigned to each member covered under a			

subscriber's contract.

REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. Use this reference number as qualified by the preceding data element (REF01). Industry: Subscriber Supplemental Identifier. MEDI-CAL NOTE: Do not use the same number entered in NM109 of loop 2100C.	M	AN	1/30	Required	1
-------	-----	---	---	----	------	----------	---

DMG Subscriber Demographic Information

Pos: 190 Max: 1
Detail - Optional
Loop: 2100C Elements: 2

User Option (Usage): Situational

Syntax:

1. P0102 - If either DMG01,DMG02 is present, then all are required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:

DMG*D8*CCYYMMDD(Hex'0D')

For BATCH:

DMG*D8*CCYYMMDD^

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>				
DMG01	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format. Use this code to indicate the format of the Subscriber Birth Date that follows in DMG02. Use this element if the subscriber is the patient and if utilizing the HIPAA search option. See Section 1.3.8 for more information. <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>D8</td><td>Date Expressed in Format CCYYMMDD</td></tr></table>	<u>Code</u>	<u>Name</u>	D8	Date Expressed in Format CCYYMMDD	O	ID	2/3	Situational	1
<u>Code</u>	<u>Name</u>										
D8	Date Expressed in Format CCYYMMDD										
DMG02	1251	Date Time Period Description: Use this date for the Subscriber Birth Date. Use this element if the subscriber is the patient and if utilizing the HIPAA search option. See Section 1.3.8 for more information. Industry: Subscriber Birth Date. MEDI-CAL NOTE: Subscriber Birth Date in CCYYMMDD format.	O	DT	8/8	Situational	1				

DTP

Subscriber Date

Pos: 200	Max: 2
Detail - Optional	
Loop: 2100C	Elements: 3

User Option (Usage): Situational

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:

DTP*102*D8*CCYYMMDD(Hex'0D')

DTP*472*D8*CCYYMMDD(Hex'0D')

For BATCH:

DTP*102*D8*CCYYMMDD^

DTP*472*D8*CCYYMMDD^

MEDI-CAL NOTE:

This Segment can occur two times.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>						
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time. Industry: Date Time Qualifier. <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>102</td><td>Issue</td></tr><tr><td>472</td><td>Service</td></tr></table>	<u>Code</u>	<u>Name</u>	102	Issue	472	Service	M	ID	3/3	Required	1
<u>Code</u>	<u>Name</u>												
102	Issue												
472	Service												
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format. Code <table><tr><th><u>Code</u></th><th><u>Name</u></th></tr><tr><td>D8</td><td>Date Expressed in Format CCYYMMDD</td></tr></table>	<u>Code</u>	<u>Name</u>	D8	Date Expressed in Format CCYYMMDD	M	ID	2/3	Required	1		
<u>Code</u>	<u>Name</u>												
D8	Date Expressed in Format CCYYMMDD												
DTP03	1251	Date Time Period Description: Use this date for the date(s) as qualified by the preceding data elements. MEDI-CAL NOTE: Issue Date of Subscriber's ID Card when DTP = 102, or Service Date when DTP = 472, in CCYYMMDD format.	M	DT	8/8	Required	1						

Loop 2110C

Pos: 210	Repeat: 1
Optional	
Loop: 2110C	Elements: N/A

Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
220	EQ	Subscriber Eligibility or Benefit Inquiry Information	O	1		Situational

EQ

Subscriber Eligibility or Benefit Inquiry Information

Pos: 220	Max: 1
Detail - Optional	
Loop: 2110C	Elements: 1

User Option (Usage): Situational

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:
EQ*30(Hex'0D')

For BATCH:
EQ*30^

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
EQ01	1365	Service Type Code Description: Code identifying the classification of service. An information source must support a generic request for Eligibility. This is accomplished by submitting a Service Type Code of "30" (Health Benefit Plan Coverage) in EQ01.	M	ID	1/2	Required	1
		Code 30	Name Health Benefit Plan Coverage Description: If only a single category of inquiry can be supported, use this code.				

SE Transaction Set Trailer

Pos: 230	Max: 1
Summary - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:

SE*.....*(Hex'0D')

For BATCH:

SE*.....^

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
SE01	96	Number of Included Segments Description: Total number of segments included in a transaction set including ST and SE segments. Use this number to indicate the total number of segments included in the transaction set inclusive of the ST and SE segments.	M	N9	1/10	Required	1
SE02	329	Transaction Set Control Number Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set. This unique number also aids in error resolution research. Start with a number, for example "0001", and increment from there. MEDI-CAL NOTE: A number, right justified and with leading zeros. This number must be identical to ST02.	M	N9	9/9	Required	1

GE

Functional Group Trailer

Pos: 240	Max: 1
Summary - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:

GE*1*.....(Hex'0D')

For BATCH:

GE*1*.....^

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
GE01	97	Number of Transaction Sets Included Description: Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element. MEDI-CAL NOTE: '1'.	M	N6	1/6	Required	1
GE02	28	Group Control Number Description: Assigned number originated and maintained by the sender. MEDI-CAL NOTE: A number, right justified and with leading zeros. This number must be identical to GS06.	M	N9	9/9	Required	1

IEA

Interchange Control Trailer

Pos: 250	Max: 1
Summary - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

For Leased-Line & Dial-Up:

IEA*2*.....(Hex'0D')

For BATCH:

IEA*2*.....^

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
IEA01	I16	Number of Included Functional Groups Description: A count of the number of functional groups included in an interchange. MEDI-CAL NOTE: '1'.	M	N5	1/5	Required	1
IEA02	I12	Interchange Control Number Description: A control number assigned by the interchange sender. MEDI-CAL NOTE: A number, right justified and with leading zeros. This number must be identical to ISA13.	M	N9	9/9	Required	1

Appendix

All Included Elements in All Included Segments

<u>Id</u>	<u>Elements</u>	<u>Used in Segments</u>
C003	Composite Medical Procedure Identifier	EQ
I01	Authorization Information Qualifier	IEA, ISA, TA1
19	City Name	N4
26	Country Code	N4
28	Group Control Number	GE, GS
66	Identification Code Qualifier	NM1
67	Identification Code	NM1
93	Name	PER
96	Number of Included Segments	SE
97	Number of Transaction Sets Included	GE
98	Entity Identifier Code	NM1
116	Postal Code	N4
124	Application Receiver's Code	GS
127	Reference Identification	BHT, PRV, REF, TRN
128	Reference Identification Qualifier	PRV, REF
142	Application Sender's Code	GS
143	Transaction Set Identifier Code	ST
156	State or Province Code	N4
166	Address Information	N3
234	Product/Service ID	EQ
235	Product/Service ID Qualifier	EQ
329	Transaction Set Control Number	SE, ST
337	Time	BHT, GS
353	Transaction Set Purpose Code	BHT
364	Communication Number	PER
365	Communication Number Qualifier	PER
366	Contact Function Code	PER
373	Date	BHT, GS
374	Date/Time Qualifier	DTP
455	Responsible Agency Code	GS
479	Functional Identifier Code	GS
480	Version / Release / Industry Identifier Code	GS
481	Trace Type Code	TRN
509	Originating Company Identifier	TRN
522	Amount Qualifier Code	AMT
628	Hierarchical ID Number	HL
734	Hierarchical Parent ID Number	HL
735	Hierarchical Level Code	HL
736	Hierarchical Child Code	HL
782	Monetary Amount	AMT
1005	Hierarchical Structure Code	BHT
1035	Name Last or Organization Name	NM1
1036	Name First	NM1
1037	Name or Initial Middle	NM1

CA Medi-Cal
270 Eligibility Inquiry 2.ecs
Ver

1039	Name Suffix	NM1
1065	Entity Type Qualifier	NM1
1068	Gender Code	DMG
1069	Individual Relationship Code	INS
1073	Yes/No Condition or Response Code	INS
1207	Coverage Level Code	EQ
1221	Provider Code	PRV
1250	Date Time Period Format Qualifier	DMG, DTP
1251	Date Time Period	DMG, DTP
1270	Code List Qualifier Code	III
1271	Industry Code	III
1336	Insurance Type Code	EQ
1339	Procedure Modifier	EQ
1365	Service Type Code	EQ
1470	Number	INS